

CERTIFIED EMPLOYMENT APPLICATION

Date

PERSONAL DATA

Social Security :

Name (Last) (First) (Middle Initial) (Other Names Known By)

Address (Street) (City, State, Zip)

Phone (Home) (Cell) (Message)

E-mail Address

Referral Source:

Newspaper (specify) Personal Referral
Website Other

POSITION DESIRED

Elementary
Middle School
High School
Administration/Supervision
Other

If elementary, list grades in order of preference. If middle/high school, list subjects preferred.

If other, specify position.

Full-Time
Part-Time
Either

Are you willing to supervise any student activities or coach any sports? If so, please list each activity/sport. In parentheses behind each, please list the number of years experience supervising the activity/sport.

OTHER INFORMATION

Are you legally able to work in the United States of America? Yes No

Have you ever been employed by the Chester Area School District 391-? Yes No

If yes,

Dates of Employment:

Position Title:

Supervisor:

Building:

Are you under contract at another school district or educational institution? Yes No

If yes,

List School District or Educational Institution:

Why do you wish to leave your present position?

Have you ever been dismissed from a position or asked to resign? Yes No

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a certificate/license? Yes No

If yes, please provide details:

The School District will adhere to the principles of Equal Employment Opportunity and Title VII in its employment policies and practices. The provisions of this policy apply to, but are not limited to, Chester Area School's recruitment, selection, placement, testing, training, overtime, promotion, facilities, layoffs, recalls, and disciplinary action. Key positions not filled through promotion within the system will be widely advertised as deemed reasonable. Exceptions may occur in emergency situations where time will not allow the total process. Classified positions will be advertised on a local basis.

EDUCATIONAL PREPARATION

Name of School	Location (City and State)	# of Years Attended	Degree	Major
High School/GED				
Undergraduate				
Undergraduate				
Graduate				
Graduate				

Please list any special courses, seminars, and/or training you have completed related to your ability to perform the job for which you are applying:

Graduate semester hours earned **beyond** highest degree:

Computer experience: Minimal Proficient Advanced

Approximate date of last computer coursework:

STUDENT TEACHING/INTERNSHIP

Name of School	Location (City and State)	Grade Level or Subject Taught	Dates Mo/Yr		Cooperating Teacher
			From	To	

CERTIFICATION/LICENSURE

South Dakota Teacher Certificate? Yes No	Certificate Number	Expiration Date	Endorsements	
If no, have you applied for a South Dakota Teacher Certificate? Yes No				
Other State Teacher Certificate? Yes No	State	Expiration Date	Endorsements	
South Dakota required Praxis II exam(s)? Yes No	Test Code and Title		Test Date	Score

EMPLOYMENT HISTORY (If more space is needed, please submit on a separate sheet of paper)

Present or Last Employer	Dates (Month and Year)		Time <input type="checkbox"/>		Salary/Wages	
	From	To	Part	Full	Beginning	Ending
Address (City and State)	Phone					
Job Title	Supervisor		Supervisor's Title			
Duties						
Reason for Leaving						

EMPLOYMENT HISTORY *Continued***Second Previous Employer**

Address (City and State)	Phone	Dates (Month and Year)		Time <input type="checkbox"/>		Salary/Wages	
		From	To	Part	Full	Beginning	Ending

Job Title	Supervisor	Supervisor's Title
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Duties

Reason for Leaving

Third Previous Employer

Address (City and State)	Phone	Dates (Month and Year)		Time <input type="checkbox"/>		Salary/Wages	
		From	To	Part	Full	Beginning	Ending

Job Title	Supervisor	Supervisor's Title
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Duties

Reason for Leaving

REFERENCES (Please provide two work-related references and one personal reference.)

Name	Relationship	<input type="checkbox"/> Work-Related	<input type="checkbox"/> Personal	Years Known
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Position	Work Phone (Area Code)	Home Phone (Area Code)
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Work Place	Address (City and State)
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Name	Relationship	<input type="checkbox"/> Work-Related	<input type="checkbox"/> Personal	Years Known
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Position	Work Phone (Area Code)	Home Phone (Area Code)
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Work Place	Address (City and State)
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Name	Relationship	<input type="checkbox"/> Work-Related	<input type="checkbox"/> Personal	Years Known
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Position	Work Phone (Area Code)	Home Phone (Area Code)
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Work Place	Address (City and State)
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CONVICTION REPORT

Have you ever been convicted of a felony or misdemeanor, including any traffic violations and/or suspended imposition(s) of sentence(s)? Yes No

If "Yes," provide date(s):

Offense(s):

SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required by the Military Selective Service Act, 50 U.S.C. 453, as amended and in effect on January 1, 1988, to register with the selective service system and has not done so.

Are you registered? _____

If you are registered, please provide your Selective Service Number: _____

Please send your application materials to the following address:

**Chester Area School District 39-1
Office of the Superintendent
102 2nd Ave, PO Box 159
Chester, SD 57016**

Telephone: 605-489-2411

I authorize the Chester Area School District to make any investigation of any personal, educational, vocational or employment history as stated on this application. I further authorize any current or former employee, person, firm, corporation, educational or vocational institution or government agency to provide the Chester Area School District with information they have regarding me. I hereby release the Chester Area School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification or omission of facts called for in this application, including any accompanying inserts, shall be sufficient cause for dismissal. I understand the Chester Area School District is drug free, smoke free and tobacco free. Further, I understand any offer of employment is conditional based upon a completed criminal background check.

(Applicant Signature)

Date